

**NEBRASKA BOARD OF PUBLIC ACCOUNTANCY**  
P.O. Box 94725, Lincoln, NE 68509-4725  
(402) 471-3595 or (800) 564-6111  
www.nol.org/home/BPA E-mail nbpa01@nol.org Fax: (402) 471-4484

**APPLICATION TO RENEW INACTIVE REGISTRATION - BIENNIAL**  
**July 1, 2006 to June 30, 2008**

**CURRENT REGISTRATIONS EXPIRE JUNE 30, 2006. Deadline for reapplying is May 31, 2006.**  
Application must include \$80 fee and an original signature. Incomplete applications will be returned unprocessed and deemed not to have been received. **Complete the following information.**

**Only individuals who have completed the appropriate experience will be issued a permit to practice or an inactive registration.**

**PLEASE COMPLETE BOTH SIDES OF FORM**

<b>Certificate #:</b> _____	
<b>Name:</b> _____	
<b>Address:</b> _____ _____	
<b>Home Phone:</b> _____	<b>Date of Birth:</b> _____
<b>Work Phone:</b> _____	
<b>Fax #:</b> _____	<b>E-mail Address:</b> _____ work <input type="checkbox"/> home <input type="checkbox"/>

**1.a. EMPLOYMENT STATUS (check one):**    **1.b. CPA FIRM STATUS (check one):**

- |  |  |
|--|--|
| <input type="checkbox"/> I am not employed at all at this time.<br><b>OR</b> <input type="checkbox"/> I am employed by/at: | <input type="checkbox"/> This IS a registered, licensed CPA firm.<br><input type="checkbox"/> This is NOT a registered, licensed CPA firm. |
|--|--|

**What type of business is this?** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Check one:** ☐ I am an owner/partner/shareholder/member of the above.    **OR** ☐ I am an employee of the above.

<b><u>State Board Use Only</u></b> (2/06)	Date Recd. _____	Check # _____
	Rect. # _____	Amt./Code: \$80 (04-7511)

**DISCLOSURE STATEMENTS (Pursuant to Section 1-137 of the Public Accountancy Act)**

2. Since the date of your last application for a license or registration, have you been convicted of a felony by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)

☐ No. ☐ Yes.

3. Since the date of your last application for a license or registration, have you been convicted of any crime, an element of which is dishonesty or fraud, by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)

☐ No. ☐ Yes.

4. Since the date of your last application for a license or registration, have you had any application for certification or licensure denied, or any professional or vocational license revoked or suspended, or been subject to other disciplinary action regarding such a license in this state or any other state, or by the United States government? (If yes, please attach a separate page giving details regarding the action taken, by what agency, dates and locations.)

☐ No. ☐ Yes.

5. List all other states in which you hold a CPA certificate and/or a license: (Attach a separate sheet to list more than five states)

STATE	CPA CERT/LICENSE #	DATE EXPIRED	IN GOOD STANDING	
(1) _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(2) _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(3) _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(4) _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(5) _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

6. Do you practice public accountancy in the state of Nebraska?

☐ No. ☐ Yes. (You must have an active permit to do so and must be in a licensed, registered CPA firm.)

7. Do you hold yourself out as a CPA in the state of Nebraska?

☐ No. ☐ Yes. (You must have an active permit to do so.)

*Rule Reference: Title 288, Chapter 5, Section 007.03; Chapter 3, Sections 001.09 and 001.17*

**ALL APPLICANTS MUST SIGN/DATE FORM & INCLUDE FEE BEFORE RETURNING.**

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that this inactive registration expires June 30, 2008. I understand that I cannot hold myself out to the public as a practicing CPA, including the display or use of any information to that effect. I also understand and acknowledge that I cannot practice public accountancy in the state of Nebraska without an active permit to practice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Amount Remitted: \$80  
**Please make checks payable to  
Nebraska Board of Public  
Accountancy.**